

# REQUEST, AUTHORIZATION, AND REPORT FOR TRAINING/EVALUATION MISSIONS

From: \_\_\_\_\_

Wing

To: \_\_\_\_\_ Liaison Region

HQ CAP/DO (CD only)

Date: \_\_\_\_\_

IN TURN

1. IAW CAPR 50-15 and CAP-USAFI 10-802 request following mission(s): (May check more than one.)

☐ SAR Evaluation

☐ DR Evaluation

☐ CD Evaluation \*\*

☐ SAR Training (And 60-2)

☐ DR Training

☐ CD Training \*\*

☐ NCPSC

☐ Form 5/91 Evaluations

☐ CD Orientation

(☐ Customs ☐ DEA) \*\*

(☐ FAA)\*\*

Primary Date: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

\*\*CD Contact \_\_\_\_\_

Phone No. \_\_\_\_\_

2. Estimated reimbursement cost (see reverse): \_\_\_\_\_

3. ☐ I certify that \_\_\_\_\_ Wing has reviewed the previous evaluation and is prepared for the requested USAF evaluation.

☐ I certify that this training mission has been planned and designated to accomplish specific training requirements in the area(s) selected in Item 1.

Wing/CC Signature \_\_\_\_\_ Date: \_\_\_\_\_

Wing LO Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Region CD Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

4. Region Liaison Office **SAR/DR** Authorization: ☐ Approved: ☐ Disapproved

USAF Assigned Mission Number: \_\_\_\_\_

Fund Cite: \_\_\_\_\_

Signature: \_\_\_\_\_

5. Region Liaison Office **COUNTERDRUG** Coordination: ☐ Concur ☐ Do Not Concur ☐ LR Plans to Observe

Signature \_\_\_\_\_ Date: \_\_\_\_\_

6. HQ CAP Authorization for Counterdrug Training/Evaluation: ☐ Approved - Msn No. \_\_\_\_\_

☐ Disapproved

Signature \_\_\_\_\_ Date: \_\_\_\_\_

7. Report of Actual Resources Used:

TO: \_\_\_\_\_ Liaison Region

Date: \_\_\_\_\_

A. Costs: Corp. Acft Flying Cost: \$ \_\_\_\_\_

Other Acft Flying Cost: \$ \_\_\_\_\_

Communications: \$ \_\_\_\_\_

Vehicle Fuel & Oil: \$ \_\_\_\_\_

B. Flying Hours Used: Corporate Aircraft: \_\_\_\_\_ Hours

Other Aircraft: \_\_\_\_\_ Hours

Wing LO Signature: \_\_\_\_\_

Mission reimbursement estimate (calculated by wing):

\_\_\_\_\_ C-172 hours x \$ \_\_\_\_\_ C-172 reimbursement rate = \$ \_\_\_\_\_

\_\_\_\_\_ C-182 hours x \$ \_\_\_\_\_ C-182 reimbursement rate = \$ \_\_\_\_\_

\_\_\_\_\_ Other hours x \$ \_\_\_\_\_ Other reimbursement rate = \$ \_\_\_\_\_

\_\_\_\_\_ Other hours x \$ \_\_\_\_\_ Other reimbursement rate = \$ \_\_\_\_\_

\_\_\_\_\_ Other hours x \$ \_\_\_\_\_ Other reimbursement rate = \$ \_\_\_\_\_

Estimate for communications ..... \$ \_\_\_\_\_

Estimate for vehicle gas and oil ..... \$ \_\_\_\_\_

Total estimated mission reimbursement ..... \$ \_\_\_\_\_

Mission Base: \_\_\_\_\_

Other operating locations: \_\_\_\_\_

Mission scenario for requested training mission: